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IMAGE

Obstructive cardiac tumour perfused by large vascular network from right coronary artery

Tumeur cardiaque obstructive perfusée par un réseau vasculaire venant de l'artère coronaire droite

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MOTS CLÉS

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Obstruction ;
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Artère coronaire

A 64-year-old female patient was seen in the outpatient clinic with complaints of breathlessness on exertion. She had no history of syncopal attacks. Auscultation of the heart disclosed an opening snap and a mid-diastolic murmur. Transthoracic echocardiography revealed a giant left atrial tumour measuring 9.5×4.0 cm (38 cm²), which was attached to the fossa ovalis of the interventricular septum (Videos 1 and 2). The giant mass protruded through the mitral valve in diastole, thereby obstructing blood flow to the left ventricle. Doppler signal analysis revealed normal aortic flow (1.1 m/s) and mitral flow with a flow velocity of 1.88 m/s and a mean gradient of 7.9 mmHg, mimicking moderate mitral stenosis flow obstruction due to the giant left atrial tumour. Preoperatively, the patient underwent routine coronary angiography, which demonstrated unique opacification of a vascular network from a large posterolateral branch of the right coronary artery providing blood supply to the giant tumour (Fig. 1). Thereupon, the patient was operated on successfully.

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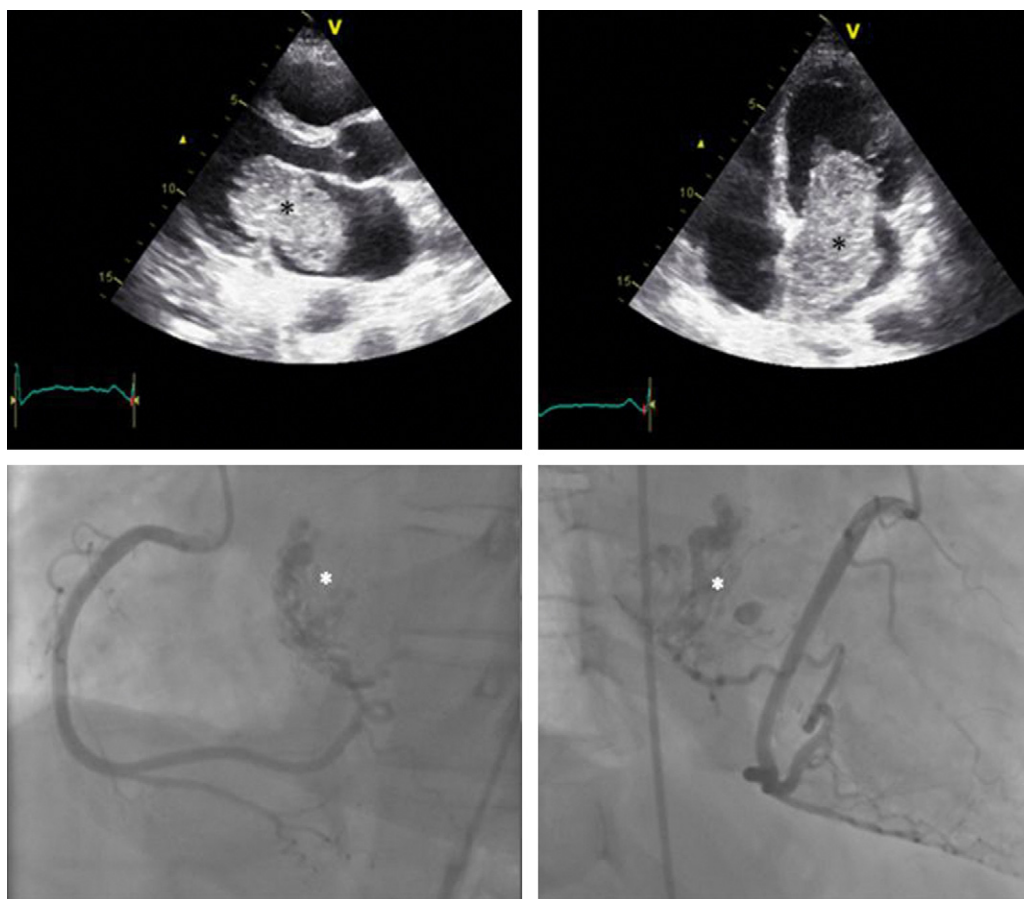


Figure 1. Giant obstructive left atrial myxoma with separate coronary artery branch. Upper left: transthoracic echocardiography end-diastolic still frame of parasternal long-axis view showing the giant left atrial myxoma protruding through the mitral valve (black asterisk). Upper right: transthoracic echocardiography end-diastolic still frame of apical four-chamber view (black asterisk). Below left: coronary angiography image in left anterior oblique view with a large posterolateral branch of the right coronary artery vascularizing the myxoma with a large distinct vascular network (white asterisk). Below right: coronary angiography image in right anterior oblique view (white asterisk).

Histopathological examination of the resected tumour demonstrated the mass to be a myxoma cordis.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.acvd.2011.09.009](https://doi.org/10.1016/j.acvd.2011.09.009).